

St Michael ACH Enrollment Form

Please indicate: TITHE ACH CAMPAIGN ACH

New Enrollment Change my information Terminate my account

Monthly Offerory \$ _____ This amount will be deducted monthly on the 1st business day of the month.

*Month of 1st Withdrawal _____

Holy Days

\$ _____

*This amount deducted during the month of each of the following Holy Days:

- Solemnity of Mary – January
- Combined Collection – March
- Ash Wednesday – March
- Holy Land – Good Friday
- Assumption of the Blessed Virgin Mary – August
- Pink Sisters – November
- Peters Pence – June
- Propagation of the Faith – Mission Sunday - October

Christmas Donation \$ _____

Month of Withdrawal: December

Easter Donation \$ _____

Month of Withdrawal: The month of Easter

Southern Nebraska Register \$ _____

Month of Withdrawal: February *A donation of \$15 is suggested

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED (ACH) PAYMENTS

I (we) authorize St. Michael's Church to initiate debit entries to my (our) checking account (select one) indicated below and the depository financial institution named below to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Disclosures

This authority is to remain in full force and effect until St. Michael's Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Michael's Church and Depository a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by St. Michael's Church prior to receipt of notice of termination.

I (we) further authorize St. Michael's Church to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I (we) authorize the Depository to accept and to credit or debit the amount of such entries to my (our) account. I (we) have the right to stop payment of any entry by notifying Depository prior to the posting of item to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby:

X _____
Signature of Account holder date

X _____
Signature of Account holder date

Printed Name(s) _____

Address _____

Phone _____ Envelope Number _____

Checking or Savings Account Information

****Please attach a voided check****

Name of Bank _____

Name on Account _____

9-digit Bank Routing # _____

Bank Account # _____